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Massachusetts

Senate Report of Commission of Insanity

Boston, 1864



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SENATE....No. 72.

Commonwealth of Massachusetts.

EXECUTIVE DEPARTMENT, BOSTON, }
February 23d, 1864. }

To the Honorable the Senate :

I have the honor to communicate to the General Court a report received from the Honorable Josiah Quincy, Jr., Honorable Alfred Hitchcock, M. D., and Horatio R. Storer, M. D., Commissioners appointed under the 91st chapter of the Resolves of 1863, to make certain investigations of the subject of Insanity, and the disposition of persons alleged to be insane. The Commissioners have prosecuted their inquiries with an exemplary diligence and care, conducted with a learning and ability, which commend the results of their labors to the attentive consideration of the Legislature.

JOHN A. ANDREW.

To His Excellency JOHN A. ANDREW:

A Commission was appointed by your Excellency, under a joint Resolve, (Chapter 91, 1863,) on the petition of Samuel E. Sewall and others, to examine what changes, if any, are necessary, in the laws regarding insane persons, with power to visit all the lunatic hospitals and asylums and private establishments for the reception of insane patients; to examine the cases of any patients confined in such hospital, asylum, or other place; to summon before them and examine, under oath or otherwise, any witnesses, and report at the next session of the legislature: provided, however, that no charge or expense is incurred by the Commonwealth under this resolve.

This Commission now ask leave to report: All the lunatic asylums, public and private, and many of the State and town poor houses in the Commonwealth, as well as the hospitals in Toronto, Quebec, Concord, N. H., Augusta, Me., Kalamazoo, Mich., Indianapolis, Ind., Cincinnati, Ohio, Binghamton and Utica, N. Y., and Providence, R. I., for the purposes of comparison, have been visited by the Commission, or by one or more of its members. The various State institutions, and other places for the custody of the insane, were visited without notice to their officers. The members of the Commission would bear testimony to the efficiency of the several superintendents of the public asylums, to the neatness of the buildings, and to the kind attention that appears to be bestowed on the unfortunate inmates of these establishments. It is also their duty to call the attention of the legislature to certain defects which admit of remedy.

ARE PATIENTS WRONGFULLY DETAINED IN INSANE ASYLUMS?

Insanity, like all other diseases, and perhaps more than any other, is relieved by medical advice and by the removal of exciting causes. The chances of restoration seem to be in proportion to the timely attention bestowed.

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The disease is of so deceptive a nature that some persons may be unnecessarily subjected to restraint, and others at liberty who might be much improved, and perhaps restored, if subjected to curative treatment. The object, therefore, of legislation appears to be,—

1st. That no person shall be placed under restraint, or continued therein, whose case does not require it either for the safety of the public or the advantage of the individual.

2d. That medical treatment in a properly organized asylum shall be resorted to, if possible, in the first stages of the disease.

The insane may be divided into two classes: those who can be supported by their friends, and those who are paupers—to be supported by the State or the town where they have a legal settlement.

The first class can be placed in a State lunatic hospital on the order of a judge, or the certificate of two respectable physicians. In most cases this would seem to be a sufficient guarantee of the existence of insanity; and the character and interests of the superintendent would render it probable that a sane person, accidentally so committed, would be immediately discharged.

But still it has been thought that there is a possibility that two physicians may be found who, either through ignorance of the varying and deceptive symptoms of this particular disease, or through interested motives, may certify to insanity, when ungoverned passions or jealousy only render a removal from the family circle desirable, and that superintendents might be bribed to keep the person in confinement.

With reference to the above points, the Commissioners would frankly acknowledge that no such case of clearly wrongful confinement, in a hospital, has been brought to their notice, and but a single instance of wrongful admission. In this case, occurring at Worcester, the patient was received upon the order of a Probate judge, and upon learning the facts in the case, she was immediately discharged by the Superintendent. It is their opinion that the care of the Massachusetts hospitals for the insane is, at the present moment, in honest hands. The great source of misapprehension upon this point lies in supposing that asylums are still, as was undoubtedly formerly the case, houses for detention rather than hospitals for cure. To accom-

plish the latter, their real end, some cases that are doubtful, especially where a single delusion is thought to exist, must necessarily be admitted. There is little chance that such, if the suspicion is unfounded, will be detained in a public hospital beyond the reasonable time required to ascertain their true character. Too little allowance seems hitherto to have been made for the excessively delicate and responsible position here occupied by Trustees and Superintendents, who, if worthy of appointment to their posts, should also be thought worthy of confidence and trust.

UNIFORMITY DESIRABLE IN THE MODE OF COMMITMENT.

The provisions of the statute of 1862 require the action of judges in certain cases. Should they or should they not be required in all?

It may be objected that judges and jurors who have never made this disease a study are incompetent to decide, and in any case it is difficult for them to give the necessary attention required. Many of the judges of probate have offices in the city, or at a remote part of their counties. And there are cases where insane persons have been taken from their beds before daylight in order to reach the residence of the judge before he left the county. In many cases the certificate of the judge is a mere form—he never sees the patient and commits him on the certificate of the physicians. If the legislature are of opinion that other evidence than that of two physicians should be afforded, a permanent board might be appointed in places easily accessible, consisting of persons fit for the office and disinterested, to act as Commissioners in Lunacy, whose certificate should be required, either before commitment, or immediately after, and who may be appealed to in cases where there is a doubt of the propriety of restraining individuals on the ground of insanity.

NEGLECT OF THE NATIVE INSANE BY THE STATE.

There is an anomaly in our laws respecting the treatment of the insane, to which the Commissioners would call the attention of the legislature. The law provides immediate attention to the foreign, and manifests small care for the native insane; foreign lunatics are almost compelled to submit to means of

restoration, while a small proportion of our own insane are permitted to enter our establishments on terms that the means or feelings of their friends will allow them to accept. These are manifest facts. They are visible in the hospitals. They are to be read in hospital histories, and in the census of the two classes of the people from which these patients come. The situation of our insane paupers is to be explained in part, by the governmental policy of close economy in relation to them, and of immeasurable liberality towards the alien lunatic. Our legislation not only prohibits the slightest contribution from the State for the recovery of its own insane children, it even exacts a tribute from them beyond the cost incurred when they are treated in the public hospitals. We have shut our eyes to that immense burthen of permanent insanity that must come upon the Commonwealth, or some of its members, in consequence of the inability of many to enjoy the opportunity of restoration.

Let us look at this question in the light of a comprehensive economy. When a man is attacked with insanity, if he lives, he must either be restored to health or remain insane ; and his friends or the Commonwealth must profit by his health, or bear the burthen of his infirmity. The restoration of an insane man from disease and uselessness, even if it were nothing more, is the re-creation of a worker, and is, therefore, the creation of an annuity equal to the profits of the man's labor, and the worth of the annuity is in proportion to the age of the man restored.

According to the experience of hospitals, it takes from five to six months to restore health in recent cases of insanity. By a calculation, made by Dr. Jarvis a short time ago, the time required for the restoration of recent cases, capable of cure, was as follows :—

In Augusta, Me.,	in 276 cases,	.	.	.	5 months 15 days.
Concord, N. H.,	in 189 "	.	.	.	5 " 23 "
Worcester,	in 2,093 "	.	.	.	6 " 3 "
Columbus, O.,	in 536 "	.	.	.	6 " 3 "
McLean Asylum,	in 1,075 "	.	.	.	5 " 3 "

Making an average of about five and a half months. It costs at the State Hospital about three dollars a week to support a patient ; that is from sixty-five to seventy-five dollars for the

restoration of the man to labor. Of course all are not cured, and the failures must be charged upon the successes, and to that extent deducted from the profits. If, then, seventy-five per cent. can be cured, which is less than the experience of hospitals with recent cases, the cost of supporting the others during the curative period must be charged to them. This will make an average cost of about one hundred dollars for the cure of an insane man. One hundred dollars for creating a useful citizen and member of the body politic, out of material that was worse than useless.

Thus it is with the State a choice whether to regain the advantage of health and its results in labor, or to submit to a great and permanent cost.

In respect to foreigners, it considers it is better to restore them, than to support them in lunacy for life. It provides and insures the means of restoration before their malady becomes fixed and past hope. Is not the labor of our native-born citizens of equal importance? Let us consider the value of a man to the State, looking upon it as the representative of the aggregate wealth and labor of all its citizens. Dr. Farr, the Superintendent of the Registry Office in England, estimates the value of the laborer at twenty-five years of age, at £245 7s., or \$1,235.75. That is, an annuity equal to the excess of the value of his labor over the cost of support through life, is worth that sum to the Commonwealth. This is the English valuation, where unskilled labor can be had at forty cents a day. A man is worth far more here, because he earns more and his labor is more needed; the Commonwealth or the community has, therefore, a larger interest in him in Massachusetts than in England. But there is still another element in the calculation. The insane are on our hands, and must be supported in the hospital or elsewhere. Friends or the public must pay the cost of their support. If they send them to the hospital and cure them, only the excess of the expense should be charged to their restoration.

It costs at least \$2 a week to support an American lunatic at home, and only three dollars a week in the hospital; his cure is then effected at the additional cost of one dollar a week, or for thirty-three dollars each, including the cost of failures. That is, thirty-three dollars additional expense beyond what

must at any rate be incurred, will convert a burthensome and expensive American into a self-sustaining and profitable co-operator in society and the Commonwealth. But an insane person is not merely worthless and useless, he must be costly and burthensome through life, unless restored. At 25 years of age an insane man has a probable life of 21 years before him. His support is equivalent to an annuity of at least one hundred dollars a year for that period, which must be paid by the Commonwealth, or some of its people or property. The restoration of an insane laborer at 25 years of age works then this double benefit: It relieves the State or the property of its citizens of the payment of an annuity of 21 years, and puts it in the way of receiving an annuity worth over \$1,200. The above estimates are based on the value of unskilled labor in England, and of foreign laborers here. Returns of hospitals show that the American has the probabilities of a longer life and a better chance of recovery than the foreigner, and, if restored, his chance of life is 35 instead of 21 years. Also, it must be allowed that his superior education, his skill as a mechanic, a farmer, a trader, his administrative ability and his better habits of self-management, make the American a more valuable citizen and a larger contributor to the public weal than the unskilled foreign laborer. Laying aside all considerations of humanity, let us state the question commercially:—

Insane Citizen, 25 years old, in account with the Commonwealth.

Dr.

To excess of cost of support in hospital over cost out of	
hospital, per average of 26 weeks each,	\$26 00
To cost of the same for 22 per cent. of trials that fail, . .	7 33
	<hr/>
	\$33 33

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By value of an annuity of \$100 a year, 21 years, for	
support during the expectation of life of an insane	
man of 25,	\$1,179 00
By value of his labor for a life of 35 years, the expect-	
ation of life of a sane American citizen of 25, as	
represented by present worth of an annuity of \$100	
a year,	1,534 00
	<hr/>
	\$2,713 00

Thus far this question has been treated as simply one of finance. The wealth of the State consists in the labor and accumulations of all its citizens. It draws upon them by taxation as the capitalist draws upon his banker.

Your Commissioners entered on their duties, with the impression that the noble institutions established by the State had removed all the principal causes of complaint. They knew that in former times men had been shut up in cages and treated almost like wild beasts. But they were unprepared to find instances of such unnecessary cruelty in the State of Massachusetts at the present time. Under the authority given them, they have visited many of the poor-houses, and seen the situation of those insane persons who had the misfortune to be born in America. They say the misfortune, for, as has been elsewhere shown, had they been Europeans, the State would have sent them to an asylum where they would have a chance of restoration, and a certainty of a condition as favorable as their malady would permit. But being citizens, they are entirely in the power of the overseers of the poor. That power, by statutes 1862, chapter 223, section 9, is thus defined: "Any insane person who is supported by any place as a pauper, may be committed by the overseers of the poor thereof, to either of the State lunatic hospitals, with the consent of the trustees."

This transfer, however, is comparatively but seldom made. There were during the past year, as gathered from official documents, 811 insane persons held in custody at the various town poor-houses in the State, nearly all of whom as town poor were necessarily of native origin, and many of whom had never been subjected to curative treatment in a hospital. The Commissioners have found also that a great many insane were in confinement at the State almshouses. Their real number seems never to have been officially reported, but it must amount to several hundred, which, added to those above mentioned, would give a total of over a thousand insane persons held in confinement by public authorities in Massachusetts, who are yet without the slightest benefit of hospital treatment.

As the undersigned understand the law, or at least the practice under it, the overseers of the poor can confine any pauper as a lunatic without the intervention of a judge, and without the certificate of a physician. And when confined, it is the

duty of no one, who is not interested in reducing the expenses of the town, to visit the lunatic and see that he is properly cared for. The manner in which maniacs are confined in some of our towns requires immediate legislative interference. Persons not accustomed to the management of the insane are naturally timid, and fear is always cruel. Under the inclined roof of an out-building connected with a poor-house, a situation where the inmates must have suffered intensely from cold in winter and heat in summer, the Commissioners found a man and a woman confined in what were in fact cages, on the opposite sides of a narrow passage-way that led to a small window in the gable end of the building. There was no ventilation, and the walls and ceilings were daubed with excrement. Your Commissioners were informed that these poor creatures had been kept there for years, with only the variety of being transferred from one cage to another when it was necessary, in the language of their keeper, "to clean them out."

In one of the town almshouses, an incurable insane pauper was found in a narrow, filthy cell or cage, who, a few years ago, in the same place, lost most of his toes, and more than half of one foot, by freezing. He is still confined in the same cold, dark, and non-ventilated cage, the stench from which is horrible.

The above cases were by far the most painful that came under the observation of the Commission, but there were others where the treatment, although well intended, was entirely unfitted to the condition or comfort of the inmates. In some places they were found locked up in strong rooms like felons, men and women naked, their beds a bundle of straw, and fed only like wild beasts, through the doors. The fears or convenience of their keepers, seemed to have led to this unnecessary severity. The undersigned say *unnecessary*. They visited the McLean Asylum and the State institutions without previous notice, and passed through every ward and saw every patient. None were in such confinement, but seemed to be mingling without restraint with their fellows. Superintendents have assured them that if their patients were locked up alone with no one to see them except when they carried them their meals, they would become raving and filthy. Mingling with others seemed to work off the nervous excitability, and rendered the patient calm and manageable.

The Commission had hoped to be able to state, as they have done concerning the hospitals, that after careful and conscientious inspection of the other establishments now used for the custody of the insane, they had discovered no special instance in which a citizen of the Commonwealth had been kept wrongfully or improperly imprisoned. In this, however, they have been disappointed. They have already referred to the condition of the town poor-houses, and to cases of severity and cruelty that have there fallen under their observation. They have spoken only in general terms of these cases, because they are confident that the necessity of a sweeping change will have been made evident to the legislature, and that such will immediately be carried into effect. The fact that our visitation has been made will undoubtedly have caused an improvement in the treatment of the cases referred to, and the few days that must now necessarily elapse before the action of the legislature can be made operative, will, except in so far as affects the chance of their cure, be borne with comparative ease by patients who are really insane.

But with the sane man, confined among maniaes and idiots, or in close solitary seclusion, the case is far different. To him, the delay of a few days, or even hours, may be vital; it may forever destroy his reason; and to allow it would be an act of unpardonable cruelty upon the part of the Commonwealth. Such a case it is that the Commission would now bring to the notice of the legislature.

At the present moment there is a man, Joseph Shepard, in close confinement at the Charlestown Almshouse, whom the Commissioners have reason to believe is not insane. They express this opinion, after careful and repeated personal examination of Mr. Shepard, and into all the circumstances of the case. They have urged upon the authorities of Charlestown that he should be removed from his present seclusion; if not restored to liberty, at least restored to the wards of an asylum. But this course the authorities refuse, upon the ground that the expense to the city of Charlestown, in case of such removal, would be increased by at least a dollar, perhaps a dollar and a half, per week. The Commissioners do not assert that in the Charlestown cells the inmates are not well provided with food and shelter. In these respects they have no fault to find, nor

with the keeper, Mr. Carnes, who seemed well fitted for his position—indeed, for one of much higher responsibility—and who afforded them every facility for investigation in his power. What they complain of is the wrongful imprisonment in a solitary cell.

Mr. Shepard has formerly been under treatment at the Worcester asylum. He was discharged from that overerowed institution in July, 1862, as probably incurable; but he has since worked for months at his trade, that of plumber, at the Navy Yard. Despite this fact, however, the authorities who have him in custody, fall back upon the action of Dr. Bemis in remanding him from Worcester.

The Commissioners, in accordance with the powers entrusted to them, have taken the opinion of physicians previously familiar with Mr. Shepard's case,—among them, Dr. Walker, of the Lunatic Hospital at South Boston. These gentlemen agree with the Commissioners as to the propriety of the removal.

They have also ascertained from Dr. Bemis, that Mr. Shepard, if released, "will be able to work at his trade a part of the time." Dr. Bemis adds further, that in his opinion, Mr. Shepard, from having been formerly insane, "will not be at all times a safe and reliable man;" but this remark, it would seem, would apply as justly to every person whatever, who has had the misfortune to suffer from a temporary attack of the disease called insanity. A limb that has been broken, is, it is true, more liable to subsequent fracture than one always sound, but it is not for that reason to be kept in immovable splints, after union has been effected, and through life.

In Mr. Shepard's case, the Commissioners would submit, that his present close confinement at the Charlestown almshouse is unnecessary, unwise, and manifestly improper, and would call upon the legislature to take such measures at once as will insure his discharge, or his removal to a curative asylum.

Examinations like these have led the Commissioners to several conclusions:

First. That no insane pauper should be placed in confinement in a town poor-house, who has not previously had the advantage of the curative medical treatment of one of the State hospitals, and who shall not have been discharged from thence as incurably insane.

Second. That provision should be made for the safe keeping of those who are incurable, but not dangerous; and those who are incurable and dangerous.

By statements made by the Superintendents of the State Almshouses, the labor of the former would in many cases pay a considerable part of their board, and in all cases they could be kept at a much smaller expense than in the State Hospitals, which should be devoted to the care of those who are subjects of probable cure. Humanity demands that those considered incurable and dangerous, and who, under the present system, would be locked up in poor-house cells, be placed in situations and under guardianship that will enable them to enjoy as much liberty as their unhappy condition will permit. It appears to your Commission that cases are rare in which the safety of others requires the patient to be at all times in close confinement, and that no one should be so kept whose freedom at any time may be permitted. American citizens should be taken out of the cells where they undergo for life the solitary confinement which it is said will drive the felon to insanity, and which is considered the severest part of penal discipline. In this connection, the Commissioners would call the attention of the legislature to the county Receptacle at Ipswich. It is an anomaly in its legal position. It was intended only for old and effete cases, and does not possess the means of treating the curable, who are yet confined within its walls.

SEPARATION OF CRIMINAL LUNATICS.

By the present laws of the State, persons who have been found guilty of crime, and who have escaped punishment on the ground of insanity, or who have become insane while serving out a sentence in prison, are confined in the same place, and treated in the same manner as those who are innocent. There are many reasons against this course, as set forth in the reports of the Worcester and other asylums. The hospitals in this State are altogether insufficient for the accommodation of those who should enjoy the advantages of curative treatment. And it would, in the opinion of your Commission, be well to have additional accommodations for criminal lunatics, both curable and incurable, provided at some of the jails. Such, for instance, as the admirable one at Fitchburg, where, with but little

expense for an additional building, this class could be fully provided for, it of course being taken for granted that proper medical attendance, by a physician skilled in the treatment of insanity, should be provided. This course would seem to the Commission preferable to any proposition to send the criminal insane to be kept at the public expense in another State, as has, it seems, been formerly advised.

NO HOSPITALS SHOULD BE CLOSED TO THE NATIVE INSANE.

It has been suggested that to promote classification, all the State paupers should be removed from the Woreester Hospital to Taunton and Northampton, and all natives, both private patients and town paupers, from the hospitals at Taunton and Northampton to Woreester, making the last the only place of treatment for our own people. This plan is plausible, and, as your Commission has been informed, has been recommended at former sessions of the legislature. The objections to it are the following:

It has been found that in any definite number of persons attacked with insanity, in different places or regions, the proportions that will be sent to be treated will be in the ratio to their nearness to an hospital. Consequently, the proportion of lunatics who will be restored to health, and made useful and self-sustaining citizens, will be in the same ratio. And the number of lunatics who will remain disordered for life, and dependants and burthens on their estates, their friends, or the public treasury, will be in the ratio to their remoteness from the hospital.

By a statement furnished the Commission by Dr. Edward Jarvis, it appears that during the twenty-one years, while the Woreester Hospital was the only State institution—

Woreester County sent	100
Middlesex, Norfolk, Hampden and Hampshire,	61
Franklin, Essex, Bristol and Plymouth,	49
Berkshire, Barnstable, Dukes and Nantucket,	44
patients to that establishment, out of the same number of insane at home.	

When the Taunton Hospital was opened, the ratio of the insane from Bristol and the adjoining counties increased. Looking at the records of the patients from these counties, and

comparing the proportion of lunatics with the existing population sent to the State hospital through the nine years from 1845 to 1853, inclusive, with the proportion sent to the two State hospitals through the nine years next following after the Taunton Hospital was opened, we find, that the increase of the latter over the former was 81 per cent. in Bristol, 105 per cent. in Dukes, 37 per cent. in Plymouth, and a smaller per cent. in Barnstable and Nantucket. A similar increase of patients to existing population sent to the State hospitals was manifested in the four western counties. Comparing these proportions sent through the four years 1855 to 1858, before the Northampton Hospital was opened, with the same through the four years next succeeding this event, we find, that this proportion increased in Berkshire 39 per cent., in Franklin 176 per cent., in Hampshire 122 per cent., and in Hampden 12 per cent. Different explanations may possibly account for a small part of this increase, but it is chiefly due to the fact that the distances from the families and homes of the patients were shortened.

This great blessing of increasing ratio in the cured cases of mental disease can be maintained only by keeping hospitals in the vicinity of those who use them. If they are taken away, and our people thrown upon Worcester alone, the old difficulties and obstacles will recur. This, it appears to the Commission, will be the inevitable result of using the Taunton and Northampton hospitals for foreigners alone, and allowing the native citizens to use only the hospital at Worcester. It would deprive the insane of Bristol County of 44 per cent., of Plymouth County of 27 per cent., of Dukes County of 50 per cent., of Franklin County of 63 per cent., of Hampshire County of 57 per cent., of the means they now have of recovering their reason, and further would increase in these several counties the number of those who shall be kept insane for life in nearly the same proportion.

SHOULD THE INTERNAL MANAGEMENT OF HOSPITALS BE REGULATED
BY SPECIAL STATUTE?

It has been suggested that there should be so-called protectors of the insane, to have no connection with any hospital, either as officers or trustees, who should have authority at certain, or at all times, to visit these institutions, and examine the patients in

general, or particular patients, and decide the question of the propriety of their retention ; and, by special statute, that patients should, from time to time, be permitted to write letters to their friends or others. One objection to this is that the persons thus chosen, unless as a permanently organized public board, can be no more depended upon than the trustees of each institution already appointed, and certainly cannot be supposed to be such judges of insanity as those who have made the disease a study, and who have opportunities of observing the patients in question from day to day. But the most serious objection arises from the effects that such visitations must have on the patients themselves. A number of cases have been brought to the notice of the Commission, where the unadvised visits of friends have recalled feelings and associations of which time and change of circumstances had effected the removal, and when a continuance of the same system might, if uninterfered with, have led to a permanent cure. The same result would arise from the permission to write letters constantly to friends. The first condition of restoration is that the patient be separated from all the scenes, ideas and associations, amidst which or out of which his malady arose, and which tend to keep up his delusions, excitements or depressions. The faithful physician avoids even allusion to these. He discourages conversation upon them, and yet the patient's proclivity is towards them, and he will talk about them if he can get any one to listen to him. But he prefers to write to his friends, for he can talk to them though absent. His letters, therefore, excite him and keep him in a morbid state of mind. Under such circumstances, the trustworthy manager of the insane discourages the practice in the early stages of treatment, and until he sees it can be done without detriment to the patient's health.

The interior management of hospitals, and the treatment of the insane cannot be regulated by law. It would be as absurd and futile to attempt, by statute, to regulate and control the minute and subtle details of mental hygiene and therapeutics in our hospitals, as it would be to legislate how physicians should treat fever ; or how or when a surgeon should amputate in a case of gangrene ; or even to place on the statute book laws, with penalties, for guiding the practice of a shipmaster when in peril of shipwreck, with hundreds of alarmed passengers

dependant for safety on his free will, cool head, and skilful hand. The entire management and treatment of the insane must be confided to the humanity and skill of the superintendent. His authority must be personal. There can be no divided responsibility in the medical treatment of the insane, yet every guard and check should be supplied to detect venality or neglect of official duty in the officers of our hospitals. In this connection appears the importance of selecting faithful, fearless and practical men on the several boards of trustees. The Commissioners regret to say that unfortunate appointments have sometimes been made to the boards of trustees. Sins of omission, perhaps, are more prominent than sins of commission. Easy, good men sometimes accept the position as an honor, and never exert any positive influence in aid of the superintendent's curative labors; or if they are roused to any active duty, it is too often in the direction of *retrenching expenses* by reducing the *quality of the food* of the insane, or restricting other curative means. We have known one instance, the past year, of this kind of retrenchment, which, for the sake of humanity and the honor of the State, we hope will never be repeated. Political favoritism or personal compliment, or the idea of local distribution of honors, are poor reasons for such selections. Superintendents need the co-operation of able and efficient boards of trustees in carrying out their plans of curative treatment. And it should never be lost sight of that curative means and measures should always take precedence of those that are purely economical and financial.

Finally, the Commission would call the attention of the legislature to the relation of the physician and superintendent to the general management of the hospital.

The trustees employ a physician to take charge of the great and comprehensive work of dealing with the most subtle and difficult question in pathology that can be presented to the mind of man. They place upon him the responsibility of managing three or four hundred wayward men and women. This, it is obvious, must require the undivided force and attention of any man, however strong, learned and versatile. Now no man can be a good, proper and successful manager of the mental disorders of four hundred patients, or even of two hundred and fifty, their more legitimate number, and a proper

and successful manager of the purchases and disbursements, and the care of the material interests of the institution. In such a case the superintendent must choose as to which duty he will perform and which he will neglect, and what he cannot do for his patients must be done by his deputy or assistant.

This assistant physician is always a young man ; usually he has recently finished his pupilage and has no experience in general practice, and only such in the management of the insane as may have accidentally fallen in his way in the hospital. He is not then a man of ripened judgment ; he is not a man who generally intends to give this speciality his permanent attention, but one who is willing for the small but certain compensation, to spend a short period in the lunatic hospital before entering on general practice.

By a singular misapplication of means to ends, a man of the highest ability and scientific education, with a salary and perquisites amounting to \$3,000 a year, is taken from his appropriate and appointed field, and made to do the work which a man without scientific attainment,—who could be had for \$500,—could do as well and generally better, and the inexperienced physician is made to bear the responsibilities, and do the work for which the highest salary is paid. The assistant cannot do for the patients what his superior could do, and what is necessary to guide and aid them through their perilous course of disease. Insanity is of every degree of tenacity and severity. Some will get well in spite of neglect, but there are some so near the verge of mental death that nothing but the most skillful, delicate, and appropriate treatment can save them from irretrievable ruin. It may be that the difference in the wisdom and experience of the superintendent, and that possessed by the assistant, may turn the scale between recovery and mental death. The superior intelligence that may cure or shorten mental disease, should not be first given to the outward interests of the hospital. The superintendent should not, in the opinion of the Commission, engage in any thing that has an exacting claim on his time and attention, or which can conflict with the claims of his patients. Superintendents should do all proper things to sustain themselves in vigorous health, keen intellect, and cheerful and buoyant spirits, but they should undertake nothing that will increase their anxiety or exhaust

their mental powers. They should engage in nothing that will engross their attention from the varying and capricious wants of the insane, and more especially, they should at no time be engaged in permanent duties, of a public or private nature, unconnected with, or outside of, those pertaining to their hospital.

On the other hand, it is evident that cases must constantly occur, where, in justice to his patients, the superintendent should be allowed, if he desires it, the privilege of calling into consultation other reliable medical men. Especially is this required, for evident reasons, in the case of female patients, as superintendents themselves have stated to the Commission. It is therefore recommended that the trustees of the several asylums be empowered to appoint an advisory board of physicians to each, as obtains, for instance, at the Butler Hospital at Providence among insane asylums, and at all general hospitals, whom the superintendent may consult in cases of necessity, at his own discretion. Such appointments should be purely honorary, unattended with expense to the State, and made from the most respectable and intelligent physicians residing in the neighborhood of the asylums.

SUBJECTS REQUIRING THE IMMEDIATE ACTION OF THE LEGISLATURE.

Almost every point to which the Commission would ask the attention of the legislature has been so ably set forth in the various reports of the State hospitals, as to render further illustration unnecessary. They would, however, call attention to the following subjects:—

1. To the overcrowded state of the hospitals, which were intended for two hundred and fifty patients, and have on an average four hundred; and to the mode of abating this evil.

1st. By establishing an hospital for incurables, with proper medical care, in connection with one of the State Almshouses, or on one of the islands in the harbor.

2d. By placing under the custody of their friends, the senile and imbecile, who can as well be cared for at home.

3d. By providing a separate place of confinement for the criminal insane, and for those who have escaped punishment on the ground of insanity.

4th. By establishing an asylum for inebriates, as suggested in the report made by one of the Commissioners, Dr. Hitchcock, to the Governor and Council. (Senate Document, No. 1, 1864.)

II. The appointment of a permanent Commission in Lunacy, whose members shall be the real guardians of the insane, both before and after commitment, to whom appeals may be made in all cases of doubt as to the propriety of continued confinement, who shall scrutinize all admissions, and who shall have authority to visit any and all lunatics confined in the Commonwealth, and to discharge patients and rectify abuses.

III. To provide that the insane, when capable of an opinion, shall be consulted as to the appointment of their legal guardians; thus protecting them, as far as may be possible, against relations who may be interested in increasing their property at the expense of their comfort, and authorizing the judge of probate to appoint a guardian to the person separate from the guardian of the property; a married or unmarried female to be eligible, when expedient, to either office.

IV. Requiring all private asylums to be licensed, and subject to visitation.

V. Prohibiting the carrying of any citizen out of the State for the purpose of confinement, without previous examination and permission from the commissioners in lunacy.

VI. Requiring, for the detention of any person alleged to be insane, the certificate of two responsible physicians, and abolishing commitment by judges, save in criminal cases.

VII. Compelling overseers of the poor to place pauper lunatics immediately after seizure in a curative asylum, in order to give them the best chance for a speedy and permanent recovery.

VIII. Compelling overseers of the poor to remove those who are kept in close confinement, to a situation where they can enjoy the utmost liberty consistent with the safety of the community and their own advantage.

IX. Requiring superintendents to devote their time exclusively to the sanitary care of their patients.

X. Empowering the trustees of the State hospitals to appoint to each a board of consulting physicians.

The Commissioners cannot conclude without expressing their sense of obligation to the superintendents of the various hospitals, both in the State and out of it, that they or any of them have had occasion to visit.

They have been admitted to these establishments without notice, and have been permitted to see all the patients and learn the modes of treatment at each.

They have been impressed with a belief in the skill and kindness of their officers, and their desire that legislators should devise such rules for the admission of patients, as will free them, as far as possible, from the suspicion of receiving or retaining those under their care who ought to be at liberty.

While thus acknowledging the fitness of these gentlemen for their most responsible position, and their success in curing the insane, the Commission would call attention to the importance of ascertaining, more directly than has yet been done, the great causes of insanity still at work among us, with a view to its *prevention*. The singular opportunities of observation enjoyed by the Commission, they have endeavored to turn to account, even in this most difficult direction, and trust that the results which have been embodied in a paper read before the American Academy of Arts and Sciences, at its meeting of February 9th, by one of their number, Dr. Storer, upon, more especially, the causation of insanity in women, may prove of interest to scientific men, and of practical benefit to the community.

In a particular manner the Commissioners would express their obligations to Dr. Edward Jarvis, of Dorchester, and Dr. Ray, of the Butler Asylum at Providence, for civilities, and advice on legal and other questions.

Respectfully submitted,

JOSIAH QUINCY, JR.
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